United Nations E/ICEF/2014/P/L.3

Economic and Social Council

Distr.: Limited
3 April 2014

Original: English

For action

United Nations Children's Fund
Executive Board
Annual Session 2014
3-6 June 2014
Item 6 (a) of the provisional agenda*

Draft country programme document**

Timor-Leste

Summary

The draft country programme document for Timor-Leste is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $5,650,000 from regular resources, subject to the availability of funds, and $55,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2014.

14-29065 (E) 160414

Please recycle

Basic data[1] *(2012 unless otherwise stated)*	
Child population (*millions, under 18 years, male/female*)	0.3/0.3
U5MR (*per 1,000 live births*)	57
Underweight (*%, under 5 years, moderate and severe, 2009-2010*)	45
(*%, male/female, urban/rural, poorest/richest*)	46/44, 35/47, 49/35
Maternal mortality ratio (*per 100,000 live births, adjusted, 2010*)	300[a]
Use of improved drinking water sources (*%, 2011*)	69
Use of improved sanitation facilities (*%, 2011*)	39
One year olds immunized with DPT3 (%)	67
One year olds immunized against measles (*%*)	62
Primary school enrolment (*%, net male/female, 2011*)	92/91
Survival rate to Grade 5 (*%, male/female, 2010*)	82/85
Adult HIV prevalence rate (*%, 15-49 years, male/female*)	..
HIV prevalence among pregnant women (%)	..
Child labour (*%, 5-14 years, male/female, 2002*)	4/4
Birth registration (*%, under 5 years, 2009-2010*)	55
(*%, male/female, urban/rural, poorest/richest*)	55/56, 50.57, 50/56
GNI per capita (*US$*)	3,670

[1] More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org.

[a] The figure reported in the above table is the adjusted MMR estimate prepared by the Maternal Mortality Estimation Inter-Agency Group (MMEIG). The reported MMR estimate at the country level is 557 deaths per 100,000 live births (2009-2010), as presented in the Demographic and Health Survey (DHS), 2009-2010.

The situation of children and women

1. Timor-Leste is a young country with nearly half (48 per cent) of its estimated 1.1 million population below 18 years of age.[1] Societal preference for many children, low rates of contraception prevalence and a high total fertility rate of 5.7 per woman have seen the population growing rapidly since independence was restored in 2002.[2] About 70 per cent of the population live in rural areas.

2. The country has experienced social and political stability since 2008. Following successful presidential and parliamentary elections and the smooth swearing-in of the fifth Constitutional Government in August 2012, the United Nations Integrated Mission in Timor-Leste closed in December 2012.

3. Guided by the National Strategic Development Plan 2011-2030, the fifth Constitutional Government launched a five-year development programme (2012-2017), which reflects the shift in national focus from security issues to long-term sustainable development. Timor-Leste leads the Group of Seven Plus (g7+) of fragile and conflict-affected countries, and the implementation of A New Deal for

[1] Timor-Leste 2010 National Census.

[2] Timor-Leste Demographic and Health Survey (DHS) 2009-2010.

Engagement in Fragile States, Timor-Leste is in the process of joining the Association of Southeast Asian Nations.

4. Timor-Leste is classified as a lower-middle income country. Its economy and budget are largely dependent on the exploitation of gas and oil fields. About $15 billion in assets are maintained in the Petroleum Fund (as of January 2014), a sovereign wealth fund where the surplus wealth produced by Timor-Leste petroleum and gas income is deposited. However, about 41 per cent of the population are estimated to live below the national poverty line of $0.88 per person per day.[3]

5. Timor-Leste is subject to frequent natural disasters, including flooding and landslides (caused by heavy rains) and drought. With poor infrastructure and insufficient disaster preparedness and response capacity, even small events can have a major impact on the lives of people, particularly children, in food security, access to safe drinking water and sanitation facilities and school attendance.

6. In the area of child health, Timor-Leste is on track to achieve Millennium Development Goal 4, reducing the under-five mortality rate (U5MR) by one third. Timor-Leste's U5MR declined, from 83 per 1,000 live births in 2004 to 64 per 1,000 live births in 2010. Its infant mortality rate (IMR) declined from 60 per 1,000 live births to 44 per 1,000 live births during the same period. Nonetheless, these figures remain higher than the South-East Asia regional averages. There has not been a reduction in the newborn mortality rate, which currently stands at 22 per 1,000 live births.[4]

7. The maternal mortality ratio is estimated at 300 deaths per 100,000 live births; Timor-Leste is off track for its Millennium Development Goal 5 targets. Despite a significant increase in antenatal care (for one visit) by skilled staff (from 55 per cent in 2007 to 86 per cent in 2009-2010), the quality of service is a concern. Only 30 per cent of children were delivered by a skilled birth attendant and 78 per cent were born at home. Inequitable access to and utilization of quality maternal health services is a challenge.

8. Malnutrition is a major concern for Timor-Leste, with a childhood stunting rate at 52 per cent in 2013 (Preliminary Findings of Timor-Leste Food and Nutrition Survey 2013), a very high rate, despite dropping from 58 per cent in 2010. An estimated 18.6 per cent have either moderate or severe acute wasting and 44.7 per cent of children under five years are underweight. Timor-Leste is off track from reaching Millennium Development Goal 1. Initiation of breastfeeding of children is almost universal. However, despite a significant increase in the exclusive breastfeeding rate over the past 10 years, still only 52 per cent of children up to six months are exclusively breastfed and only 30 per cent of children 6-23 months of age receive the recommended complementary feeding.[5] Key bottlenecks are the limited access to and utilization of preventive and promotive health and nutrition services, high prevalence of childhood illnesses (especially pneumonia and diarrhoea), some traditional care and feeding practices as well as inadequate systems and capacity for addressing malnutrition.

---

[3] World Bank, *A 2009 Update of Poverty Incidence in Timor-Leste using the Survey-to-Survey Imputation Method*.

[4] Most health-related data in this section is drawn from the DHS 2009-2010.

[5] Composite indicator: fed breast milk or milk products; fed 3+ or 4+ food groups (diversity); fed minimum times or more (frequency).

9. Around 69 per cent of the population uses improved drinking water sources, and Timor-Leste is on track to achieving the target on safe drinking water. However, only 27 per cent of the rural population have improved toilet facilities and 37 per cent practice open defecation. Poor hygiene practices contribute significantly to the level of malnutrition in Timor-Leste. The public awareness on sanitation and public demand for sanitation facilities are relatively low. The 2010 HIV sentinel surveillance showed that the overall national HIV prevalence ratio is 0.68 per cent (extrapolated from antenatal population).[6] Prevalence among the most-at-risk population is over 1 per cent, with some districts showing prevalence up to 3.6 per cent. The 2013 programme review of the national response to sexually transmitted infections (STI) and HIV concluded that the HIV epidemic may be evolving from "low level" towards higher HIV prevalence in some population pockets. The review also reported a high level of population vulnerability resulting from high levels of population movement and social-economic displacement, underemployment, low awareness of HIV and STI and risk behaviours within at-risk groups as well as communities.

10. In education, substantial gains have been achieved in the net primary enrolment rate, from 64.4 per cent in 2005 to 93.5 per cent in 2010. Timor-Leste is on track to achieve the primary enrolment and gender equality targets. However, universal basic education completion and learning outcomes remain as key challenges due to high repetition and dropout, especially in early grades. Inadequate teaching and learning, teachers' lack of proficiency in the languages of instruction (Portuguese and Tetum), non-availability of bilingual textbooks, limited contact time between teacher and pupil, distances to school and environmental issues, including lack of water and sanitation facilities, are major barriers to quality education for all. Pre-school education has very limited coverage as only approximately 8 per cent of children aged 3-5 years were attending pre-school, with significant urban-rural disparities.[7] The gap in access to pre-school education is another major cause of high repetition and poor learning outcomes.

11. In the area of disability, 4.6 per cent of the Timor-Leste population reports experiencing some form of disability.[8] The estimated proportion of children with disabilities is even lower, at 0.86 per cent in the 0-14 year age group. However, these figures may be underestimates. Opportunities and skills for early detection of child disability are extremely limited and development opportunities for children with disabilities even less.

12. Birth registration among children under five was 53.6 per cent in 2010 (Census). It increased to an estimated 85 per cent following a nationwide campaign carried out in February 2011. Efforts are being made to facilitate birth registration by involving community leaders and establishing birth registration posts in referral hospitals and community health centres.

13. Data on the prevalence of abuse, neglect, exploitation and violence against children and women in Timor-Leste are limited. Domestic violence is commonly acknowledged as a serious issue in Timor-Leste. Among women aged 15-19 years,

[6] P. Chan, F. Mawanda, R. Vannakit and G. Weerasinghe, Timor-Leste Health Sector Response to HIV/AIDS and STI Programme, (2013).

[7] Ministry of Education, National Education Strategic Plan, 2011-2030.

[8] Timor-Leste 2010 National Census.

38 per cent reported having experienced physical violence since age 15, and 3 per cent reported experiencing sexual violence (Census 2010).

14. Around 23 per cent of households in Timor-Leste have an orphaned or fostered child living with them. Over 3,500 children in Timor-Leste live in orphanages and boarding houses, none of which are currently licensed or regulated.

15. The Government submitted its consolidated second and third periodic report on the implementation of the Convention on the Rights of the Child and its two Optional Protocols to the United Nations Committee on the Rights of the Child in November 2013. Significant legislation and governmental mechanisms supporting progress towards gender equality have been created, such as the establishment of Secretary of State for the Promotion of Equality, with gender focal points positioned within each Ministry, and the Law against Domestic Violence in 2010. Improved gender equality, however, can only be achieved if implementation frameworks are developed and the institutional and human capacity strengthened.

Key results and lessons learned from previous cooperation, 2009-2014

Key results achieved

16. The 2009-2014 country programme contributed to the achievement of a number of national development results and objectives through advocacy, expanded partnerships and the provision of quality technical assistance.

17. In collaboration with WHO, UNICEF provided technical and financial support to the Ministry of Health to eliminate maternal and neonatal tetanus and introduced the pentavalent vaccine. An integrated measles campaign in 2011 reached over 400,000 children aged 6 months to 14 years. Community management of diarrhoea and pneumonia, now adopted as a national strategy, was initially introduced in two districts with UNICEF support. The Ministry of Health, the non-governmental organization (NGO) Alola Foundation and UNICEF supported the establishment of mother support groups, which undertake community nutrition and child health promotion activities, in 27 per cent of all sucos (villages), or 120 sucos in total. With UNICEF support, community management of acute malnutrition, vitamin A supplementation, deworming, nutritional status screening and infant and young child feeding practices were introduced and operationalized in the districts by the Ministry of Health. As a result, over 3,200 children, out of a total of 21,499 children with severe acute malnutrition, were treated between 2009 and 2013.

18. Over 27,000 Timorese benefited from access to clean water with UNICEF support through the installation of 81 water systems in 6 districts. An additional 58,000 people in over 9,500 households gained access to improved sanitation. In partnership with the Australian Government, UNICEF supported the Ministry of Health and the Ministry of Public Works in drafting a national basic sanitation policy and national sanitation strategic plan for rural areas which incorporate the community-led total sanitation (CLTS) approach. CLTS modelling was undertaken, and 62 communities have been certified as "open defecation free".

19. Pre-school education was prioritized by the Government with the development of the National Framework for Pre-School Education and establishment of the National Directorate for Pre-School Education. The child-friendly school approach,

adopted by the Ministry of Education for nationwide expansion, was expanded to cover 121 schools, reaching 34,000 students annually. UNICEF supported the development and roll-out of the national pre-secondary curricula in partnership with the University of Minho in Portugal. Complementing the Government's own resources, UNICEF funded the construction of 81 classrooms in 32 schools, and rehabilitated an additional 36 classrooms in 11 schools. Over 12,000 students, the majority in remote areas, benefited from this support. More than 15,000 students in 91 schools enjoyed improved water and sanitation facilities.

20. UNICEF supported first-time young voters to participate in the 2012 national presidential and parliamentary elections; with UNICEF assistance, the Timor-Leste Youth Parliament was established and endorsed by the Council of Ministers.

21. The National Commission on the Rights of the Child was established in 2009, with technical support from UNICEF. UNICEF assisted in developing the Child and Family Welfare System Policy, which has been approved, and the Child Rights Code and the Law on the Administration of Juvenile Justice, which are both pending approval. Actions to increase and sustain birth registration coverage were also supported by UNICEF; this includes the 2011 campaign and training of all civil registry officers, 95 per cent of suco chiefs and around 20 per cent of midwives.

22. UNICEF provided technical support for the 13 district child protection officers' improved capacity on case management and referral. Improved child-friendly police services, including the establishment of special child-friendly interview rooms in the Vulnerable Person's Unit of the National Police in all districts, have also been supported by UNICEF.

23. In cooperation with other partners, UNICEF supported the key national data collection activities led by the General Directorate of Statistics, including the 2010 Census and the 2009-2010 Demographic and Health Survey. Timor-Leste DevInfo and CensusInfo were developed to support the dissemination and analysis of the survey results.

24. UNICEF continued to place children on the agenda of key decision makers through strategic meetings with Government leaders including the President, Prime Minister, Vice Prime Minister, President of the Parliament and relevant ministers, and with the church leaders and heads of development partners. The local media covered children's issues on a regular basis and were provided with briefings and orientations for improved reportage on children. Eight out of 16 community radio stations aired weekly children's radio programmes with UNICEF support.

Lessons learned

25. UNICEF must continue supporting basic service delivery. Timor-Leste has reached middle-income status, with a gross domestic product and petroleum fund that have been growing at a steady rate. In social development, however, the country still has many human development features of a lower-income country. UNICEF must continue to support modelling service delivery activities while providing technical support to policy development and system strengthening.

26. There is a need for UNICEF and other development partners to maintain and even scale up the present levels of commitment and interventions in order for the country to properly sustain and leverage the progress and gains made in human development and institution building over the past 10 years. Insufficient capacity is

likely to remain as a major challenge; UNICEF and other United Nations agencies must enhance their focus on institutional and human capacity-building.

27. Strengthening monitoring systems to generate and analyse relevant data is required to respond to Timor-Leste's rapidly evolving development environment and growing focus on social sector. The unavailability of regular updated data and key information from the field to inform policy, programming, and implementation represented significant bottlenecks. Efforts must be made to provide "real-time" feedback loops for policy development and effective implementation.

28. Families, including children and adolescents, and communities must be supported to demand quality services. Aside from the critical roles that community leaders play in knowledge transfer and in influencing attitudes to overcome prevailing negative social practices, community members must demand access to services to improve children's lives. Better understanding of existing barriers and subsequent awareness-raising of community leaders and village-level support mechanisms, such as health volunteers, mother support groups, adolescents' peer groups, parent-teacher associations, water users groups and others are required to improve results for children.

The country programme

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child health and nutrition	780	20 000	20 780
Quality education	780	20 000	20 780
Child protection and participation	570	9 000	9 570
Social inclusion	2 500	4 000	6 500
Cross-sectoral	1 020	2 000	3 020
Total	**5 650**	**55 000**	**60 650**

Preparation process

29. Preparation of the country programme was led by the Ministry of Finance and synchronized with the formulation of the United Nations Development Assistance Framework (UNDAF) 2015-2020. The process was guided by the National Strategic Development Plan 2011-2030, the fifth Constitutional Government's Programme 2012-2017, sector strategic plans, the UNICEF Strategic Plan 2014-2017 and the findings of the midterm review of the current country programme. It was informed by an updated equity-focused situation analysis of children and women in Timor-Leste, extensive consultations with government ministries, development partners and civil society and a high-level review and strategy consultation meeting convened jointly by the Government and UNICEF.

Programme components, results and strategies

30. In support of the Timor-Leste National Strategic Development Plan 2011-2030, the overall goal of the 2015-2019 country programme is to accelerate the realization of the rights of all children to survival, development, protection and participation. UNICEF will support the Government to identify key bottlenecks that constrain the realization of the rights of disadvantaged children, supported by advocacy, planning, action and monitoring aimed at reducing infant, child and maternal mortality, improving nutritional status of children and mothers, expanding quality pre-school and basic education, and improving prevention and response to child abuse, neglect, violence and exploitation.

31. The country programme is framed around four mutually reinforcing strategies to reduce disparities and reach the most disadvantaged children: (a) generating data and evidence to inform advocacy and policy development for children; (b) strengthening systems at institutional level to enhance social services; (c) providing technical assistance to strengthen human capacity to deliver quality social services, and (d) strengthening partnerships, particularly those at community level for improving use of and demand for quality services.

32. UNICEF and partners will apply a gender lens to all programming, addressing the barriers undermining girls' and boys' realization of their rights. A dual approach towards supporting adolescent development will be adopted, incorporating an adolescent-sensitive approach to all programme cooperation, along with actions that specifically support adolescents. Programme assistance will incorporate actions to promote resilience-strengthening of children, adolescents, families and communities. Aspects of emergency preparedness and response are integrated into the health, nutrition, education, water and sanitation and child protection programmes. Elements of disaster risk reduction will be integrated into the child-friendly schools approach.

33. The programme will operate nationwide, but will emphasize support for modelling and strengthening of essential services in an integrated manner in five priority districts with weak child development indicators. A rigorous approach to gather evidence to inform national policy, standards and potential nationwide scale-up will be employed.

34. Consisting of four components, the country programme will contribute towards the achievement of the following outcomes by 2019, with a specific emphasis on the most vulnerable children:

(a) Reduced child mortality and malnutrition through improved and equitable use of quality high-impact health, nutrition and water, sanitation and hygiene education (WASH) interventions;

(b) Improved and equitable access to and quality of inclusive early learning and basic education, and increased basic education retention, completion and achievement rates;

(c) Improved and equitable use of a child care and protection system that effectively protects children from violence, exploitation, abuse, and neglect;

(d) Strengthened advocacy for protection of the rights of children and the generation of high-quality evidence and knowledge to inform the development of equity-sensitive and child-centred social policies.

35. **Child health and nutrition**. UNICEF will support the Ministry of Health to reduce malnutrition, mortality and morbidity among children under five years. Support will be provided to update and implement health policies, standards and procedures; expand coverage and enhance the quality of high-impact basic services in nutrition, health, sanitation and hygiene; and strengthen the health management information system, including the introduction of information technology-based solutions for surveillance and real-time data collection and analysis.

36. Nutrition interventions will focus on the first 1,000 days of life. Support will aim to accelerate efforts to improve coverage of high-impact nutrition interventions, including improving nutrient intake and care of pregnant mothers, infant and young child feeding and care practices, detection and treatment of acute malnutrition, provision of micronutrient supplements and deworming and use of iodized salt. UNICEF will support implementation of multisectoral national nutrition strategies, guidelines and protocols; develop capacity of managers and service providers; assist in establishing a performance management system; and support generation and use of evidence to inform programme and policy. UNICEF will assist the Ministry of Health to model, for replication and expansion, a nutrition systems-strengthening approach in five priority districts, which is expected to benefit around 430,000 people, including 56,600 children under five years of age. In addition, UNICEF will continue to advocate for multisectoral nutrition sensitive policies, interventions and resources, necessary for preventing stunting and wasting.

37. UNICEF will support maternal, neonatal and child health (MNCH) interventions, including antenatal care, essential newborn care, postnatal care, immunization, community case management of pneumonia and diarrhoea. The support will focus on improving service delivery in health posts and community health centres and promoting family and community behaviour and practices around maternal and child health. To ensure synergy of efforts and impact MNCH interventions will converge with the nutrition interventions at the district level. In addition, technical support will be provided to improve care of sick newborns, prevention of mother-to-child transmission of HIV/AIDS and paediatric HIV treatment. MNCH initiatives will be well documented and will be used to inform policies and strategies.

38. UNICEF will continue to support WASH services in rural communities, focusing on scaling-up of CLTS in priority districts through partnership with the Ministries of Health and Public Works, NGOs and development partners. Support will be provided for the development of an effective CLTS monitoring mechanism and community capacity development to manage water systems, improve sanitation facilities and enhance hygiene practices. In collaboration with WHO, technical assistance will be provided to develop minimum WASH standards for health posts in rural areas.

39. **Quality education**. UNICEF will support the Government of Timor-Leste to reduce high repetition and dropout rates, and improve learning outcomes for students. UNICEF will focus on improving school readiness through pre-school learning, increasing equitable access to quality basic education, and improving water, sanitation and hygiene in schools.

40. To improve school readiness and ensure the quality of pre-school programmes, UNICEF will provide technical assistance for the development of national standards, guidelines and a monitoring system. UNICEF will continue to support the

Government's efforts in modelling pre-schools, applying the child-friendly school approach, and will provide technical assistance to the Ministry of Education to scale up child-friendly pre-schools as investment in school readiness improve learning outcomes. This will include support for teacher recruitment and training, development of teaching-learning materials, intensifying community awareness raising and promotion of inter-ministerial cooperation mechanisms. UNICEF will also support the Ministry to develop community-based alternative pre-school learning programmes for remote communities.

41. To improve equitable access to quality basic education, UNICEF will continue to support the child-friendly school approach, undertake district and school-based capacity development, strengthen education management systems, improve school learning environments, including classrooms and address violence at schools. Technical support will be provided to improve school-based management and follow-up after child-friendly school training, including mentoring support for teachers and training of school directors, deputy directors, school coordinators, parent-teacher associations and student councils, as well as community approaches to improve access to education opportunities for out-of-school children, including those with disabilities. UNICEF will provide technical assistance to the development of a national learning assessment system by the Ministry of Education, disaggregated data analysis improvements and the overall management information system. Life-skills education, including aspects of HIV/AIDS prevention, will use existing modules designed for specific age groups.

42. UNICEF will support the achievement of the Government's goal of ensuring that all public schools have access to clean water and sanitation facilities by 2020, particularly in priority districts. This will include support for the installation of water supply as well as toilets and hand washing facilities that are child-friendly and gender-sensitive. Lessons learned and best practices will be captured and used for nationwide scale-up by the Government and other development partners.

43. **Child protection and participation**. UNICEF will support the Government to strengthen the child care and protection system. Technical support will be provided to the Ministry of Social Solidarity and Ministry of Justice to improve child and family welfare, enhance justice for children, strengthen birth registration, and promote cross-sectoral collaboration with the Government and non-governmental organizations to expand services that prevent and respond to violence, abuse, neglect and exploitation.

44. Support will be provided for the development of legislative and policy frameworks to regulate and standardize care and protection services to children, and to build the capacity of legislative officers, judicial officers, law enforcers, social welfare officers, teachers, and health workers to expand quality services to children. UNICEF will support the Ministry of Social Solidarity to strengthen the capacity of families and communities to care for and protect children. Continued efforts will be given to develop a child-friendly justice system and practice in Timor-Leste.

45. UNICEF will continue to support the Youth Parliament with the aim of empowering the Youth Parliamentarians to advocate for children and adolescents' development. They will be pioneers and opinion leaders among children and adolescents supporting activities on life-skills, peacebuilding and risk reduction, HIV/AIDS prevention, and organizing and facilitating youth development activities

that mitigate violence. Dialogue between the Youth Parliament and the National Parliament will be promoted.

46. **Social inclusion**. UNICEF will support the creation of a sound national monitoring and evaluation system. In order to improve the availability of disaggregated child-centred data that highlight existing inequities, assistance will be provided to reinforce knowledge management and institutional capacity in the General Directorate of Statistics and social sector ministries through the expanded use of DevInfo, the introduction of innovative technological models and the establishment of a publicly accessible Child Knowledge Centre. UNICEF will also collaborate in national data collection activities, particularly the 2015 National Population and Housing Census and the 2016 Demographic and Health Survey. Support will also be provided to strengthen social sector capacity in planning, policy formulation and budgeting, including through South-South cooperation. In supporting the decentralization process, UNICEF will assist with the development of subnational planning and monitoring mechanisms, including the testing of models that allow real-time data collection and monitoring.

47. In partnership with the Ministry of Finance and key social sector ministries and in collaboration with the World Bank and other development partners, UNICEF will provide support to conduct high-quality policy and expenditure analysis to support the development of policies and implementation strategies. This will include documentation and evaluation of pilot models of service delivery at local level, to inform the allocation and expenditure of national budgets in the social sector. UNICEF will also support institutional and human capacity building in evidence-based budget planning, monitoring and execution for social sector ministries.

48. UNICEF will reach out to national opinion leaders, community leaders and the media to further promote a child rights protective environment and to raise the profile of children in national development. The media will be supported to enhance ethical and responsive reporting on children's development, challenges and opportunities. At community level, raising awareness on positive caring behaviours will be supported.

49. **Cross-sectoral**. This programme will support emergency preparedness and response activities and also cover programme support and operational functions to ensure effective and efficient implementation of the country programme.

Relationship to national priorities and the UNDAF

50. The country programme is fully aligned with national priorities laid out in the National Strategic Development Plan 2011-2030, the Program of the fifth Constitutional Government 2012-2017 and the plans of the social sector ministries. It will directly contribute to UNDAF outcomes. UNICEF will promote coherence of United Nations activities in Timor-Leste and will continue to actively collaborate with other United Nations agencies to implement the UNDAF, including through joint programming, monitoring and evaluation activities and thematic working groups.

Relationship to international priorities

51. The country programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against

Women, and post-2015 discussions. It emphasizes accelerating actions towards four of the Millennium Development Goal targets where Timor-Leste is lagging behind (child nutrition; maternal mortality; access to sanitation; and primary school completion), as well as focusing on reducing disparities. It supports the peacebuilding and state-building goals defined in A New Deal for Engagement in Fragile States, led by the Group of Seven Plus (g7+) nations.

Major partnerships

52. UNICEF will continue to work closely with the Government of the Republic of Timor-Leste, particularly the Ministries of Foreign Affairs and Cooperation, Finance, Education, Health, Public Works, Justice, and Social Solidarity and the Secretary of State for Youth and Sports and the National Commission on Child Rights. Under the Development Policy Coordination Mechanism (DPCM) led by the Prime Minister, UNICEF will continue to actively participate in the education, health, social protection, water and sanitation infrastructure, youth, and justice subsectors and collaborate with the Government and other development partners.

53. Strengthened links will be forged with the European Union and the Government of Australia on nutrition and water and sanitation, with New Zealand in pre-school education and with the Government of Norway around issues of health, nutrition and child protection. New partnerships will be sought with the World Bank in the field of social policy analysis and advocacy for child-centred social protection. UNICEF will be fully engaged in the work in Timor-Leste under several international support initiatives, including the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

54. The Timor-Leste Youth Parliament will remain a key partner for UNICEF in promoting the participation of young people and reducing their vulnerabilities to violence and abuse. UNICEF will strengthen its partnerships with local NGOs, civil society organizations, faith-based organizations and community leaders to improve individual and family knowledge, practices and demand for services. UNICEF will continue to work with other United Nations agencies in implementing the UNDAF.

Monitoring, evaluation and programme management

55. The Ministry of Finance has overall responsibility for the coordination and management of the country programme on behalf of the Government of the Democratic Republic of Timor-Leste. The programme will be managed on an ongoing basis by the Country Management Team and assessed at end-year and midterm reviews with the Government and other development partners. Key indicators for monitoring progress towards country programme outcomes are presented in the Summary Results Matrix. The monitoring framework for the country programme will be set out in the five-year integrated monitoring and evaluation plan, and aligned with the UNDAF monitoring and evaluation framework. Core national data collection exercises include the 2015 Census and 2016 District Health Survey.

56. Evaluations will be carried out on key initiatives, jointly with the Government and other partners as relevant, to draw lessons and to inform policies and programme decision-making.